

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595251

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

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TOTAL

IND.

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TOTAL

DEP.

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TOTAL

CLAIMS

5

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

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TOTAL

IND.

↓

TOTAL

DEP.

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TOTAL

CLAIMS